

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/936827

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		12				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		12				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831

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